

## Chapter 8

# NURSE CORPS

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### Section I. ESTABLISHMENT

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#### 8-1. Establishing Legislation

(1) The Nurse Corps was created by an Act of Congress on May 13, 1908 (35 Stat. 146). The present Nurse Corps, a component of the Medical Department, was established as a staff corps of the Navy by the Act of April 16, 1947 (as revised and reenacted 10 U.S.C. 6027).

#### 8-2. Mission

(1) The primary mission of the Navy Nurse Corps is to provide professional nursing care to, and promote the health of, uniformed service personnel, their dependents, and others as authorized by law. In addition, the Nurse Corps provides instruction and supervision of Hospital Corps personnel in the theory and practice of providing nursing care to patients.

## Section II. ORGANIZATION

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## 8-3. Director, Navy Nurse Corps

(1) The Director of the Navy Nurse Corps is appointed by the Secretary of the Navy upon the recommendation of the Surgeon General from among the officers on the active list of the Navy in the Nurse Corps holding permanent appointments of lieutenant commander and above. The grade of the Director will be determined by the Secretary of the Navy and the term will not exceed 4 years. The Director's permanent status as a commissioned officer in the Nurse Corps is not disturbed by appointment as Director (10 U.S.C. 5140).

(2) The Director of the Navy Nurse Corps is responsible to the Chief of the Bureau of Medicine and Surgery via the Assistant Chief for Professional Development for the administration, direction, and coordination of the Navy Nurse Corps.

## 8-4. Nurse Corps Division of BUMED

(1) The Director of the Navy Nurse Corps is also the Director of the Nurse Corps Division, Bureau of Medicine and Surgery. The Division Director is responsible for the performance of all functions of the Division. The Division plans, advises, and makes recommendations regarding changes in administrative policy related to nursing; promotes and makes recommendations regarding implementation of professional standards for nursing practice; develops, coordinates, evaluates, and advises on matters pertaining to personnel policy, military requirements, and professional qualifications of Nurse Corps officers and other nursing service personnel; makes recommendations to the Naval Military Personnel Command regarding procurement, distribution, separation, training, career development, and accounting of nursing service personnel; and implements policies of the Chief, BUMED, as they relate to nursing practice, service, education, and research.

(2) The Nurse Corps Division consists of an office of the Division Director, Deputy Director, Executive Assistant, Professional Nursing Branch, Human Resources Inventory and Accounting Branch, and Special Advisor(s).

## 8-5. Other Nurse Corps Positions

(1) The following Nurse Corps officers serve as liaison officers to the Division Director.

(a) Nurse Corps officers assigned to the Naval Military Personnel Command are responsible to the Commander, Naval Military Personnel Command. They act as liaison officers to the Nurse Corps Division, BUMED for coordinating personnel actions related to assignment, distribution, retirement, recall, and release from active duty.

(b) The Nurse Corps officer assigned as the Health Care Planner is responsible to the Director, Resource Planning and Analysis Division and functions as an integral part of that division to investigate, review, analyze, evaluate, and make recommendations related to innovations in the health care system.

(c) The Inspector General, Medical, Assistant for Nursing is directly responsible to the Inspector General, Medical, and evaluates the accomplishment of nursing activities in meeting the goals and objectives of providing the highest quality nursing care; determines if nursing service standards established by professional nursing organizations and hospital accreditation agencies are being met; ascertains compliance with BUMED instructions as they relate to patient care and safety; evaluates the physical and social environment of patients and personnel and identifies hazardous conditions; determines the adequacy of nursing personnel, supplies, and equipment, and evaluates the effect of noted deficiencies in accomplishing patient care objectives; and makes recommendations and suggestions to assist nursing activities to promote and maintain the highest standards of patient care and nursing practice.

(d) The Director, Nurse Corps Programs is assigned to the Naval Health Sciences Education and Training Command and is responsible to the commanding officer. The officer plans, coordinates, administers, and evaluates education and training programs for Nurse Corps officers to meet operational requirements determined by the Bureau of Medicine and Surgery.

(e) The Head of the Nurse Corps Anesthesia School is responsible to the Commanding Officer, Naval School of Health Sciences for the implementation of administrative policies and the management, supervision, and coordination of all phases of training and education for nurse anesthetists.

(f) The Nurse Corps officer assigned to the Operational Medicine Department of the Naval Health Sciences Education and Training Command is responsible to the commanding officer via the head of

that department for assisting in the planning, coordinating, and managing of designated training programs in operational medicine for officer and enlisted personnel of the Medical Department.

(g) Nurse Corps officers assigned to the Instructional Programs Division are responsible to the Commanding Officer, Naval Health Sciences Education and Training Command via their respective department heads. Duties include the development, review, evaluation, and updating of instructional program objectives and standards for Medical Department education and training.

(h) The Nurse Corps officer assigned to the BUMED Quality Assurance Division is the Head of the Standards Development Branch and is directly

responsible to the Director, Quality Assurance Division. Major duties include developing and recommending optimal achievable standards and programs which are designed to increase the quality of care at all levels within the Navy health care delivery system.

(i) Nurse Corps officers assigned to research and special projects are responsible for the administration and coordination of resource planning; initiating and conducting research projects and studies in clinical nursing, nursing education, and nursing administration designed to improve the delivery of patient care services; interpreting and reporting research findings; and for making recommendations for improvement of nursing practice and development of nursing service personnel based on these findings.

## Section III. NURSE CORPS OFFICERS

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**8-6. Grades and Strength**

(1) The authorized number of Regular officers of the Nurse Corps is 6/10 of 1 percent of all authorized commissioned officers, enlisted personnel, midshipmen, and the actual number of warrant officers of the Regular Navy and Regular Marine Corps (10 U.S.C. 5404).

(2) The Nurse Corps consists of officers in the grade of ensign through rear admiral.

**8-7. Appointments**

(1) Initial appointments in the Nurse Corps, Naval Reserve, are made in the grades of ensign, lieutenant (junior grade), and lieutenant depending upon the professional and personal qualifications of the applicant as outlined in the MILPERSMAN 1020100 and the Navy Officer Recruiting Manual (COMNAVCUITCOMINST 1110.1 series).

**8-8. Promotions**

(1) *Eligibility.* — Nurse Corps officers are eligible for consideration for promotion to the next higher grade when in the promotion eligibility zone. (Title 10 U.S.C. 5753 as amended by Public Law 90-130 of 8 November 1967.)

**(2) Qualifications—**

(a) Nurse Corps ensigns are promoted to lieutenant (junior grade) upon the promulgation of the promotion authority by the Secretary of the Navy and upon the commanding officer's recommendation that the officer is mentally, physically, morally, and professionally qualified in accordance with title 10 U.S.C. 5784 (male) and title 10 U.S.C. 5787B (female). Promotion usually occurs on the second year anniversary of the date of grade as ensign.

(b) Promotions to lieutenant, lieutenant commander, and captain are made upon the recommendations of a selection board convened for each grade. Each Nurse Corps officer is selected for promotion in competition with other Nurse Corps officers of the same grade on the basis

of performance as reported in the Fitness of Officers report.

**8-8A. Registration Requirement (Regulatory)**

(1) All Nurse Corps officers, Regular and Reserve, are required to maintain an active, current registration or license as a professional nurse in a state, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.

**8-9. Retention on Active Duty**

(1) Reserve Nurse Corps officers may remain on active duty beyond their minimum required service by submitting a request for augmentation and/or extension of active duty.

(a) *Augmentation.* — Nurse Corps officers of the Naval Reserve may apply for augmentation into the Regular Navy. Applicants must meet the requirements as set forth in the MILPERSMAN 1020120. A request for resignation of an officer of the Regular Navy will normally not be accepted for a period of 2 years following acceptance of an appointment in the Regular Navy.

(b) *Extension of Active Duty.* — Nurse Corps officers of the Naval Reserve may request voluntary extension of active duty of definite or indefinite duration. Extensions for periods of less than 12 months normally will not be granted unless unusual circumstances prevail. Requests should be submitted in accordance with MILPERSMAN 1030150.

**8-10. Release from Active Duty**

(1) The Naval Military Personnel Command assignment officers are responsible for initiating action for the voluntary release of Reserve officers upon completion of their active obligated service. Requests received from Reserve officers who desire early release or release from indefinite extension of active duty are processed in accordance with MILPERSMAN 3830100 and 3820130 respectively. Action on requests for early release of Reserve officers is considered by a board convened by the Naval Military Personnel Command.

(2) The involuntary release of Reserve officers is provided for in MILPERSMAN 3830110 and SEC NAVINST 1920.6 series.

#### 8-11. Resignation

(1) Officers of the Regular Navy and the Naval Reserve serving on active duty who submit a request for resignation and have fulfilled the service requirements of SECNAVINST 1920.6 series may expect favorable action providing for release from active duty.

#### 8-12. Retirement

##### (1) *Voluntary Retirement, Regulars.* —

(a) SECNAVINST 1811.3 series sets forth the policy concerning retirement of commissioned officers with 20 or more years of active service. Requests for retirement from members with 20 or more years of active service will be considered on the basis of the overall needs of the service and the merits of the individual request.

(b) Final approval of request for retirement rests with the Secretary of the Navy. Approval of requests will normally be withheld until the individual has completed a minimum of 1 year at the current duty station, or a normal tour when serving outside the contiguous United States.

(2) *Statutory Service Retirement, Regular (MILPERSMAN 3860100) (Captain and Commander, 10 U.S.C. 6377; and Lieutenant Commander, 10 U.S.C. 6396).* —

(a) A Nurse Corps officer on the active list of the Navy with a permanent appointment in the

grade of captain shall be retired by the President on the first day of the month following the month in which the officer completes 31 years of active commissioned service.

(b) A Nurse Corps officer on the active list of the Navy with permanent appointment in the grade of commander who is not on a promotion list to captain and is considered as having twice failed selection shall be retired by the President on the first day of the month following the month in which the officer completes 26 years of active commissioned service.

(c) An officer on the active list of the Navy in the grade of lieutenant commander in the Nurse Corps shall be retired on 30 June of the fiscal year in which the officer (1) is not on a promotion list, (2) is considered as having twice failed selection for promotion to the grade of commander, and (3) has completed at least 20 years of active commissioned service.

(3) *Retirement, Reserve Officers.* — MILPERSMAN 3830110 contains the basic regulations concerning retirement of Reserve officers. Nurse Corps officers of the Naval Reserve may be retired with pay at any time upon request after 20 years of active service in the Armed Forces. SEC NAVINST 1920.6 series contains the pertinent administrative policy and information for the involuntary release to inactive duty of Reserve officers. In general they are released from active duty on 30 June of the year in which they attain retirement eligibility.

(4) *Physical Disability Retirement, Reserves, and Regular Officers.* — MILPERSMAN 3860340 contains the basic regulations relative to retirement as a result of physical disability.

## Section IV. DUTIES OF THE NURSE CORPS OFFICER

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## 8-13. Duty Assignments, General

(1) Assignments are made to medical facilities where authorized billets exist for Nurse Corps officers.

(2) All assignments are made in accordance with the needs of the service, the professional qualifications, and, if feasible, the personal preference of the Nurse Corps officer.

## 8-14. Director, Nursing Service

(1) The director of nursing service and senior Nurse Corps officers in charge of nursing service shall be responsible to their commanding officers or seniors in the chain-of-command for all nursing service provided by the command to which attached. These officers carry ultimate administrative authority and responsibility for planning, directing, coordinating, and evaluating activities of the nursing service. As a member of the administrative staff, the director participates in formulating hospital policy, in devising procedures essential to the achievement of objectives, and in developing and evaluating programs and services. The nature of the position implies accountability for creating a system which fosters the participation of nursing staff in planning, implementing, and evaluating practice to ensure safe, efficient, and therapeutically effective nursing care.

## 8-15. Educational Coordinator

(1) The responsibilities of the educational coordinator are to plan, organize, direct, coordinate, evaluate, and document the inservice program of the nursing service. Inservice education is a planned educational experience provided in the job setting, closely identified with service, and designed to promote personal and professional achievement. Staff development programs utilize educational resources inside and outside of the hospital setting.

## 8-16. Patient Care Coordinator

(1) The primary responsibility of the patient care coordinator is to ensure that nursing service personnel provide safe, efficient, and therapeutically effective patient care. To accomplish this function, the coordinator organizes, directs, supervises, counsels, instructs, and appraises the performance of nursing service personnel in planning, providing, and evaluating nursing care based on the needs and responses of patients and considering the preparation and experience of available staff. The coordinator collaborates with appropriate representatives of other services, disciplines, and agencies to improve the quality and quantity of services rendered and to maintain the highest professional standard of care.

## 8-17. Clinical Consultant

(1) The clinical consultant provides highly skilled, specialized nursing care and is responsible for the following: coordinating the orientation of newly assigned nursing service personnel; developing and planning new approaches to nursing care; providing assistance and consultation to nursing staff in solving complex patient care problems; conducting specialized clinical teaching on both a formal and informal basis; participating in an interdisciplinary approach to patient care; and conducting research and evaluating current methods and practices.

## 8-18. Charge Nurse

(1) The charge nurse is responsible for the administration of nursing service in a designated patient care area. The charge nurse ensures quality care utilizing professional knowledge and clinical expertise in assessing, planning, providing, directing, and documenting all nursing activities. In addition, the charge nurse establishes and coordinates educational and guidance programs for patients and nursing service

personnel; assigns duties for each staff member recognizing experience and professional competence; supervises and evaluates work performance; ensures proper environment for patients and personnel; and assists in research or special projects as assigned.

#### 8-19. Nurse Practitioners

(1) The primary function of the nurse practitioner is to provide health care services for patients in the primary care setting. To accomplish this clinical function, the nurse practitioner utilizes first entry into the health care system as a contact point for assuming on-going responsibility and accountability for the patient in health maintenance, treatment, and prevention of illness. Although the nurse practitioner serves in a collaborative role with the physician, the officer is directly responsible to the director, nursing service for administrative purposes.

#### 8-20. Anesthetists

(1) The primary function of the certified registered nurse anesthetist is to provide medically delegated services to patients requiring anesthetic care. To accomplish this function, the anesthetist is responsible to the patient and physician for those services performed, under the direction of the chief of anesthesia (or chief of surgery if in a duty situation without an anesthesiologist); and is responsible to the director of nursing services for administrative purposes in those functions and policies that are related to nursing services.

#### 8-21. School Instructors

(1) *Naval Education and Training Center, Newport, RI.*—A selected number of Nurse Corps offi-

cers are assigned as instructors for the Officer Indoc-trination School and are responsible for providing newly commissioned officers with a comprehensive orientation to the Navy and the Medical Department.

(2) *Class A school.*—Nurse Corps officers are assigned as instructors in principles and techniques of patient care and provide classroom and clinical learning experience for student Hospital Corps personnel.

(3) *Class C schools.*—Nurse Corps officers are assigned to various medical facilities and are responsible for providing instruction to Hospital Corps personnel in medical technician specialties.

(4) *Anesthesia school.*—Nurse Corps officer anesthetists assigned to the Naval School of Health Sciences function as instructors in orientation to, and methods and techniques of, anesthesia. In conjunction with the anesthesia school, Nurse Corps officer anesthetists are assigned to BUMED designated naval regional medical centers as instructors to provide supervision and guidance for students during the second year of anesthesia school.

(5) *Other.*—Nurse Corps officers are assigned to other BUMED designated facilities as instructors in specialized clinical nursing courses.

#### 8-22. Recruiting

(1) The Navy Nurse Programs officers are responsible for recruiting qualified applicants for direct appointment in the Navy Nurse Corps. Methods of recruiting include presentations in colleges and universities and to various civic, educational, and professional groups. The Navy Nurse Programs officer represents the Navy Nurse Corps to the nursing community as well as to the general public through various communication media.

Note: There is no article 8-23.

## Section V. MANAGEMENT AND ADMINISTRATION

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**8-24. Utilization of Nursing Personnel**

(1) Pertinent parts of DOD Directive 1125.1 of 16 September 1967 are quoted for information and compliance:

I. REISSUANCE AND PURPOSE. This Directive . . . sets(s) forth current policy with regard to utilization of military and civilian nursing personnel by the armed forces and to clarify working relationships of various categories of nursing personnel.

III. POLICY. It is the policy of the Department of Defense that:

A. Professional, technical, and vocational nurses and other categories of auxiliary personnel required to provide nursing services will be included in an identifiable division, department, or equivalent unit at each appropriate level within the organization of the respective military departments.

B. Each such division, department, or equivalent nursing unit will be supervised and administered by a professional nurse of appropriate experience and seniority with the necessary authority to ensure effective and efficient management of nursing services.

C. Professional nurses will also function as supervisors of technical and vocational nurses in the provision of nursing services.

D. Personnel engaged in providing nursing services normally shall be utilized in the performance of nursing assignments only. This policy may be waived in areas where conditions are such as to require all personnel with the armed forces be available for general assignments.

**8-25. Civilian Nursing Service Personnel**

(1) Employment of civilian personnel for nursing service will be in accordance with appropriate provi-

sions of the Federal Personnel Manual, Navy Civilian Manpower Management instructions, and the Manual of the Medical Department.

**8-26. Subspecialty Codes**

(1) The Nurse Corps is utilizing subspecialty coding to identify billets in which a doctoral, a masters, or a baccalaureate level of education, or specialized training or experience is essential for optimum performance of duty. The guidelines and criteria for subspecialty coding are in BUMEDINST 1211.1 series.

**8-27. Publication of Professional Articles**

(1) Nurse Corps officers are encouraged to make contributions to both military and civilian professional literature. They shall be guided by Navy Regulations and current directives relative to preparation and submission of articles for publication.

**8-28. Participation in Professional Organizations**

(1) It is strongly recommended that Nurse Corps officers maintain membership and participate in the official organizations of the nursing profession. Nurse Corps officers are also encouraged to be participating members in other professional organizations.

**8-29. Off-Duty Employment (Regulatory)**

(1) Officers in the Nurse Corps shall comply with article 1-22 as regards off-duty remunerative professional employment.